

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

10/15/25 6:07
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/						51					
2		/						52					
3		/						53					
4		/						54					
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48								98					
49								99					
50								100					
TOTAL IND.	4	↓			↓			TOTAL IND.	↓				
TOTAL DEP.	5	←			←			TOTAL DEP.	↓			↓	
TOTAL CLAIMS	9	██████████			██████████			TOTAL CLAIMS	██████████			██████████	